



# LAKE HAVASU CITY

## Application for Temporary Special Event Business License

**\$10 per day**

*Please return application to Finance Department with fee.*

2330 McCulloch Blvd. N., Lake Havasu City, AZ 86403 (928) 453-4153 Toll Free (866) 248-4150 Fax (928) 855-0551

OWNER NAME \_\_\_\_\_ BUSINESS NAME / DBA \_\_\_\_\_  
Last First Middle

MAILING ADDRESS \_\_\_\_\_

BUS. TEL. \_\_\_\_\_ AZ RESALE TAX # \_\_\_\_\_ MOHAVE CO. HEALTH # \_\_\_\_\_

DESCRIBE BUSINESS \_\_\_\_\_

☐ Sole Ownership ☐ Partnership ☐ Corporation: Name: \_\_\_\_\_ State: \_\_\_\_\_

PRINCIPAL / OWNER NAME \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City / State \_\_\_\_\_ Zip \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

PRINCIPAL / OWNER NAME \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City / State \_\_\_\_\_ Zip \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

EMERGENCY CONTACT Name: \_\_\_\_\_ Phone: \_\_\_\_\_

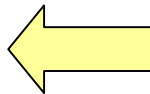
EVENT NAME, DATES, LOCATION \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR FINANCE USE ONLY: DATE PAID \_\_\_\_\_ LICENSE # \_\_\_\_\_ EXPIRES \_\_\_\_\_



**Lake Havasu City**  
**Finance Dept., Business License**  
**2330 McCulloch Blvd N**  
**Lake Havasu City, AZ 86403**  
**Ph: (928) 453-4153 Fax: (928) 855-0551**



RETURN THE **ORIGINAL** OF THIS FORM  
WITH A **COPY** OF YOUR IDENTIFICATION  
TO THIS ADDRESS.

**LICENSING ELIGIBILITY REQUIREMENT (ARS § 41-1080)**

<b>FULL Name:</b>	<b>LAST</b>	<b>FIRST</b>	<b>MIDDLE</b>
<b>Business Address (as shown on business license or application):</b>			
<b>City, State, and ZIP Code:</b>			

On May 1, 2008, Governor Napolitano signed Laws 2008, Ch. 152 (House Bill 2745) into law. The new law contains a "licensing eligibility" section (Arizona Revised Statutes § 41-1080) preventing any licensing agency in the state of Arizona from issuing a (new or renewed) license to an individual unless the individual has provided the agency with one of the forms of identification listed in the law. View additional information about this requirement on the PRODUCERS page of the Department of Insurance Web Site ([www.id.state.az.us](http://www.id.state.az.us)).

To become or remain eligible for a license, complete this form, staple a photocopy showing both sides of your identification to the back and return to the address in our letterhead (top). Only provide **one** of the following forms of identification (mark an "X" next to the one you are submitting):

- ☐ 1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
- ☐ 2. A driver license issued by a state that verifies lawful presence in the United States. (Licenses from HI, IL, ME, MD, NM, TX, UT, and WA are not acceptable.)
- ☐ 3. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
- ☐ 4. A United States certificate of birth abroad.
- ☐ 5. A United States passport.
- ☐ 6. A foreign passport with a United States visa.
- ☐ 7. An I-94 form with a photograph.
- ☐ 8. A United States citizenship and immigration services employment authorization document or refugee travel document.
- ☐ 9. A United States certificate of naturalization.
- ☐ 10. A United States certificate of citizenship.
- ☐ 11. A tribal certificate of Indian blood.
- ☐ 12. A tribal or bureau of Indian Affairs affidavit of birth.

By my signature below, I hereby certify, under penalty of perjury that the copy of the document I am providing is a true and accurate copy of the original document and that I am legally authorized to be present in the United States.

\_\_\_\_\_  
FULL SIGNATURE OF LICENSEE

\_\_\_\_\_  
DATE